New England Deaconess Hospital

pulse

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CT scanner, a valuable diagnostic tool, is installed at the Deaconess

After years of controversy concerning computerized axial tomography (CT or CAT) scanners, caused in part by the expense of the equipment, by rapid changes in technology and by the efforts of the government to regulate and control distribution of the machines, CT scanners are now widely acknowledged as necessary units in major diagnostic centers.

"There's no question of the CT scanner's value or accuracy in studying and diagnosing abnormalities of the head and spine," said Dr. Daniel O'Leary, neuroradiologist, "Speed is one major benefit of the scanner. If a patient has a large blood clot in the brain, a rapid test like the CT scan, which can be completed in a few minutes, can mean the difference between life and death.

"Controversy arose over CT scanners a few years ago since, because of the rapid advancement in technology over a short period of time, much of the equipment became literally obsolete after a year and had to be replaced. The field has settled down now and, since the CT scanner is modular, it is specifically designed to be adapted for future improvements."

Since the installation of the NEDH scanner on Deaconess 1 in early October, the scanner has been in operation 10 hours a day scanning an average of 12 patients daily from the Deaconess, Brookline, New England Baptist and Mt. Auburn Hospitals. Within the next few months, the scanner's operating schedule will be extended to 15 hours, and two technicians will be added to handle the increased workload.

In addition to Dr. O'Leary, the CT staff includes: Dr. Philip Costello, diagnostic radiology; CT Supervisor Laura Wong; CT Fellow Stuart Katz; Technicians Karen Cummings, Elizabeth Schultz, and Raemarie Webb; and Jane Utterson, secretary. The department is under the direction of Dr. Melvin E. Clouse, chairman of the diagnostic radiology department.

One application for the CT scanner at the Deaconess is in the detection of malignant diseases. The scanner can visualize the extent of the tumor very clearly, enabling radiotherapists to plan for treatment so as much of the tumor is irradiated as possible while sparing normal tissue. During the ensuing treatment, the scanner can be used to monitor the tumor's progress to see if chemotherapy and radiation therapy are affecting the size of the tumor.

The CT scanner combines x-ray components, a computer and a television cathode ray tube to produce a reconstructive cross-sectional picture of the part of the body being scanned. The image (or slice) is three-dimensional and reveals subtle differences in tissue density. Conventional x-rays are flat and overlap the organs being x-rayed making diagnosis more difficult.

During a CT scan, the patient lies on a narrow table which passes through the arc of the machine. Pencil-thin x-

(continued on page 4)

Ray Mitchell named public relations director; Eleanor Lowry to coordinate patient relations

Raymond J. Mitchell, former director of public affairs and associate director of development at the Sidney Farber Cancer Institute, has been named director of public relations at the Deaconess, effective December 15.

Mr. Mitchell has been associated with the Farber Institute since April 1979, with responsibility for a comprehensive public affairs program, including media relations, internal and external publications and communications, as well as public relations support for the Jimmy Fund and other resource development efforts.

Before joining the Farber Institute staff, he served from 1976 to 1979 as director of public relations and development for the Massachusetts Easter Seal Society, and from 1974 to 1976 he was manager of corporate communications for the State Mutual Life Assurance Company of America.

Raymond J. Mitchell

A graduate of Boston College where he received his B.A. and M.Ed. degrees, he was director of university publications at Boston College from 1969 to 1973 and, prior to that, was assistant director of admissions at the University.

Mr. Mitchell is a member of the Public Relations Society of America and the New England Hospital Public Relations Association. He is a native of Lawrence and currently lives in Newton.

* * *

Eleanor Lowry, who has held the public relations directorship for the past six and one half years, will leave the public relations department to return to administration. In her new position as coordinator of patient relations, Mrs. Lowry follows up on complaints coming directly to administration and acts as liaison in the handling of various patient related problems which are not resolvable through established hospital systems.

Mrs. Lowry, who began to implement the program in May, was guest speaker at the annual meeting of the Friends of the Deaconess on October 22. She reviewed the changes in the health care industry in the past 10 to 20 years with particular emphasis on increased technology and the necessary proliferation of para-medical specialization. "At the same time," she explained, "there has developed a growing consumer awareness. These factors culminated in Massachusetts in the passage in 1978 of the Patients' Bill of Rights which set uniform guidelines for patient care for all hospital facilities.

"Actually it presents nothing new for the Deaconess," said Mrs. Lowry.

Eleanor Lowry

"Our hospital has always been concerned with patients first and foremost. Ideally all Deaconess employees are patient advocates. But, the problem is time. Each employee has a specific assignment within a specific department, and adminstrators are pressured with managerial functions, government regulations and paperwork. I see my job as being available to assist wherever my services can be used to save the time of an administrator, a staff person or a physician. We already have the systems. I get involved only when called upon by nurses or other hospital personnel to assist them in making our patients and their families more satisfied and informed.

"The establishment of this position shows in one more way that we at the Deaconess care about our patients as well as care for them."

Getty donates property to NEDH

The Getty Refinery and Marketing Company has donated its service station property, located on the corner of Brookline Avenue and Francis Street, to the New England Deaconess Hospital.

Under the terms of the agreement, Getty will lease the station facilities back from the Deaconess for ten years. The hospital's management has no definite plans for the property's use at the end of the leasing period.

Deaconess Board of Trustees Chairman James Farr and other board members accepted "this most generous gift" at a meeting on August 26. The lease for the transfer of the property was signed by Deaconess and Getty representatives on October 16.

A gift of this type to any institution is very unusual. Therefore, it cannot be over stated how deeply appreciative the hospital is for such a thoughtful donation.

Alice Siders: staying abreast of changes in the nursing profession

Keeping up to date with new developments and trends in the nursing profession can be challenging, but at the Deaconess the task is made easier for nursing administration by Alice Siders, coordinator of nursing practice.

As chairman of the nursing department's Nursing Practice Committee, Mrs. Siders leads the committee members in reviewing nursing practices, developing nursing procedures and evaluating new products and equipment currently being marketed for patient care. Mrs. Siders serves on other nursing department committees, as well as representing nursing on many inter-departmental committees.

"Properly utilized, new equipment, systems and technology should augment nursing practice by directly enhancing the quality of care to the patient or relieving the nurse of some of the many tasks he or she is expected to do. But there is no machine that can analyze the patient and give the individualized nursing care we expect nurses to provide for Deaconess patients," said Mrs. Siders.

"I believe the technology which will have the greatest impact on how we can provide nursing care in the '80s will be that of the computer. Documentation of patient care is a vital but time-consuming function of the nurse, especially with the increasing demands of government and other regulatory bodies. Computer technology has the potential for eliminating much of the paperwork now required to supply this information, thereby freeing nurses to devote more time to direct patient care."

A graduate of the Milwaukee Hospital School of Nursing, Mrs. Siders joined the Deaconess in 1959 as a staff nurse on Palmer 5, and later as an evening supervisor. She left in 1962 to enjoy some traveling, returning to nursing in 1967 as a head nurse at the Lemuel Shattuck Hospital in Jamaica Plain. "At first I experienced a period of reality shock because unless you have left the profession for a few years, you can't fully appreciate how quickly and how much things change," said Mrs. Siders. In 1970 she came back to the Deaconess as a nursing supervisor on the evening shift, and was promoted to her present position six years later.

Another development Mrs. Siders sees as a progressive trend is the increased emphasis being placed on nursing research and the number of nurses publishing the results of their research. "Research strengthens the professional image of nursing and provides us with a scientific basis for changing or modifying nursing practice," said Mrs. Siders.

"Factors outside the profession also affect the way we deliver nursing care," she added. "During World War II the severe nursing shortage necessitated a team approach. The increased supply of nurses in the '50s and '60s was essential to the evolution of primary nursing care. Now we are faced with another nursing shortage, improvements in medical technology that can prolong life indefinitely and which raises complex moral and ethical issues and the consumer's increased accessibility to health care. In light of these developments, existing systems must be re-evaluated to determine the best way to provide nursing care in the '80s."

Outside of work, Mrs. Siders is involved in a different kind of research – genealogy. As a member of the New England Historic Genealogical Society, Mrs. Siders has traced one line of her family tree back to an immigrant ancestor who settled in Concord in 1637. "Although I was born and grew up in the midwest, when I came to New England I felt as though I belonged here. As it turns out, a number of my ancestors originally settled in New England.

"I enjoy reading just about anything that is well-written, particularly English and American history," said Mrs. Siders, "I also like gourmet cooking and listening to classical music, especially grand opera. You might also say that I am a cat fancier since my husband Herbert and I share our home with four cats."

Major changes in life insurance policy

Toward the hospital's commitment to create an excellent working environment for its employees, the Deaconess is pleased to announce that effective October 1, 1980, major changes occurred in the Group Term Life Insurance plan. These changes greatly enhanced not only life insurance protection but the hospital's comprehensive benefit program as well. All permanent full time employees will participate in this plan.

The basic term life insurance, which all eligible employees receive free of charge, has been substantially increased from $4000 to the equivalent of an employee's basic annual salary.

Employees who previously purchased additional amounts of insurance coverage may continue to do so at the modest rate of 2½¢ per week per thousand. Those who do not already have supplemental insurance may apply for additional coverage in the amounts of two or three times their annual salary (subject to certain limitations).

In addition to this coverage the Deaconess has added a brand new feature: spouse and dependents coverage. At no cost, the Deaconess will provide $2000 life insurance for an employee's spouse and $1000 for each eligible dependent.

In order for the Deaconess employees to enjoy the maximum protection that this new coverage provides, the eligibility requirement has been considerably reduced from six months of employment to the first of the month following thirty days of employment.

This improved life insurance plan is the newest addition to the hospital's comprehensive employee benefits program. To find out more about how to participate in these programs, employees may contact Beth Greenspan at 732-8149.

CUTTING THE CAKE – *Staff of the Ambulatory Care Services Unit at Brookline Hospital enjoy opening ceremonies of the new unit. Joining in the festivities were (l-r) Ida Berger and Donna Viotti, unit RNs; Dr. Thomas Bowman, Dr. Judith Walligunda, Maureen Dwyer, unit secretary; and Dr. Randolph Reinhold, director of community medicine at Brookline Hospital, who is also director of Deaconess ambulatory services.*

CANCER RESEARCH EQUIPMENT DONATED – *Aid for Cancer Research (ACR), a group of 28 women from the Greater Boston area whose activities help support research at local hospitals and medical schools, recently donated funds to the Cancer Research Institute of NEDH for the purchase of a Beckman scintillation counter. Given in memory of Dr. Shields Warren, the scintillation counter will be used in cancer research to measure energy levels emitted by radioactive isotopes in liquids. Participating in the presentation ceremony are: (l-r) Dr. Anthony P. Monaco, director of the Cancer Research Institute; ACR members: Irene Sontag, Roberta Shlager, Phyllis Frank, Carol Epstein, recording secretary; Selma Berdy, president; Diane Kaufman, Barbara Keiter, Lois Weinman and Dr. Warren's daughter, Emilie McLeod.*

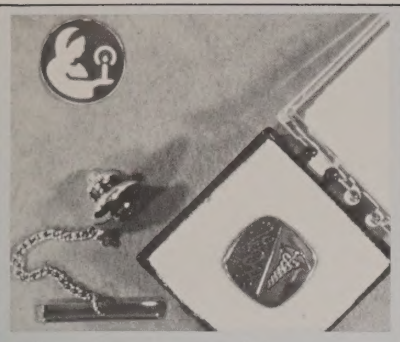
Ambulatory care unit opens at Brookline Hospital

An open house held on October 15 at Brookline Hospital marked the unveiling of a newly renovated ambulatory care unit which will provide full medical services to the residents of Brookline and surrounding communities. Located on the first floor of the hospital, the four-room unit is available for a full-range of out-patient medical and surgical services.

At the ceremonies, Dr. Randolph Reinhold, director of community medicine, said the unit would serve as an entry point to the health care system. "In a city of medical giants, a personalized and intimate approach to medicine is often sorely lacking. Meeting this need for convenient, personalized medical care is the goal of Brookline Hospital and its new ambulatory services," said Dr. Reinhold.

The modern facility, consisting of four examining rooms, will be staffed by two full-time physicians, Dr. Thomas Bowman and Dr. Judy Walligunda, both recent graduates of the internal medicine program at the Deaconess Hospital. In addition to the daily general medical clinic, specialty clinics on topics such as arthritis, hypertension, surgery and renal disease will be conducted for elderly people in the community.

Under the terms of a recent affiliation between the Deaconess and Brookline Hospitals, Brookline Hospital will refer patients needing more specialized care to the Deaconess. In return, Deaconess will refer less critical admissions to Brookline.



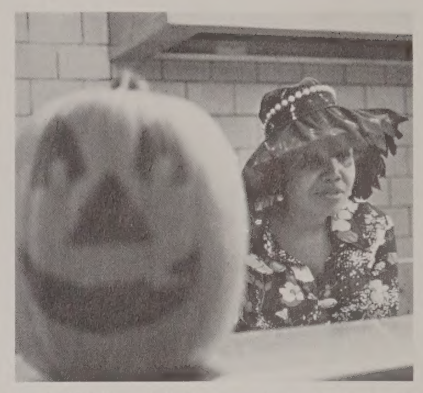
Medical staff honored

Ninety-eight members of the medical staff who have held appointments at the Deaconess for 25 years or more were honored at the annual meeting of the medical staff on October 30. President Laurens MacLure presented service pins to Dr. Priscilla White, who was appointed in 1929, Dr. Richard H. Overholt in 1933, and to Drs. Roger C. Graves, Lyman H. Hoyt and Alexander Marble, all of whom were appointed in 1932. The remaining long time members received their pins by mail. At subsequent annual meetings, physicians who have reached the 25 year mark during the preceding year will be presented pins.

Halloween hobgoblins descend on NEDH

DOUBLE TAKE – *Ann Seidel, Farr lobby receptionist, teamed up with an unidentified friend to greet hospital visitors.*

CASTING-A-SPELL – *Magic cane in hand, the Wicked Witch of the North (a.k.a. Dietary's June Webber) swept into the Deaconess cafeteria with a host of other Halloween characters and placed a one day spell on funny bones. Judging from the results, the spell worked.*

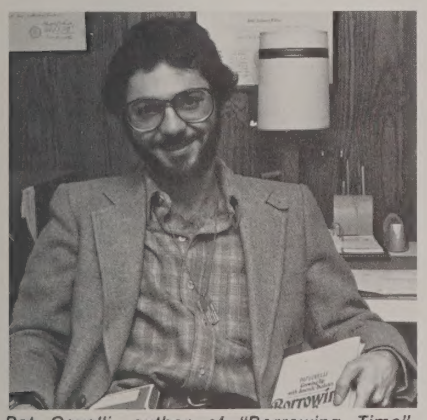


HI SUGAR – *Li'l Abner's Daisy Mae (in the person of dietary's Sarah Kelley) took a day off from the comic strips to join her friends at the Deaconess.*

HEADS UP – *Cafeteria patrons received an eye-full of Marvin Duchard, dietary department, along with their Halloween meals.*

Growing up with diabetes

Today 10 million Americans suffer from the degenerative disease known as diabetes. Of this number about 500,000 have juvenile-onset diabetes, a more serious form, so named because it usually appears in childhood or during adolescence. Over the years clinical studies have shown that people with juvenile-type diabetes have higher incidences of kidney disease, nervous system disorders, impaired vision, poor circulation, sexual impotence, arteriosclerosis, stroke and heart attacks. For this group of people, the daily ritual of insulin injections to stabilize blood sugar levels and control their disease becomes an essential part of life.



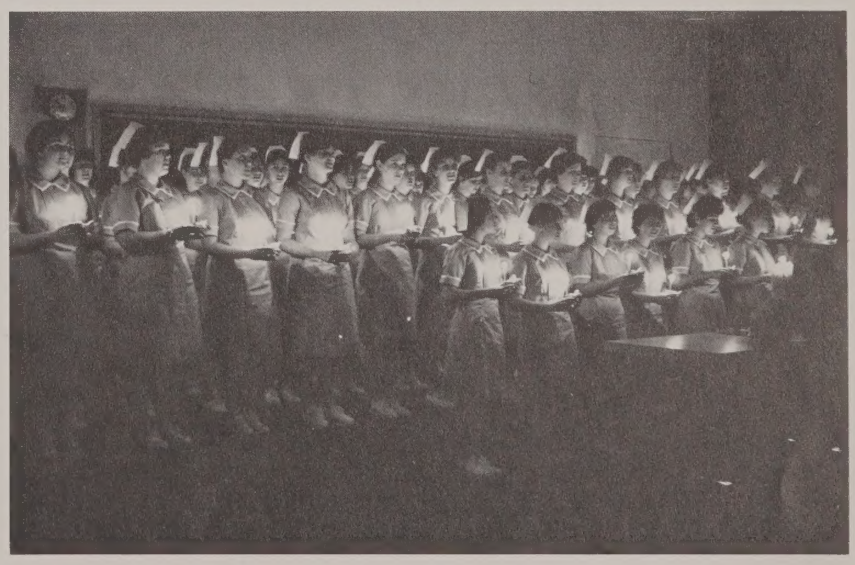
Pat Covelli, author of "Borrowing Time", creates some powerful images of what it is like for a child to grow up with diabetes.

In his recently released autobiography entitled, "Borrowing Time: Growing Up with Juvenile Diabetes," Pat Covelli, a 26-year-old diabetic who has been treated at the Joslin Clinic and at the Deaconess Hospital, presents a poignant account of one person's attempts to cope with the physical and emotional aspects of this chronic illness. From the opening graphic description on page one of a ten-year-old boy awakening in the night to a pain unknown before, through the trying growing-up years, to the final acceptance of his disease and subsequent decisions to marry and have a child, the author builds a gut-level appreciation for the trials that some juvenile diabetics face.

The personal drama that unfolds in "Borrowing Time" is but a fragment of the greater picture set in a landscape of medical advances in treating diabetes over the past 20 years. The treatments available for diabetes during the early 1960s, the period in which the author was first stricken, pale in comparison to those available now. Today, heightened awareness due to better one-to-one medical and dietary counseling has resulted in greater direct participation by the diabetics in their own treatment.

"Borrowing Time" intimately reveals the emotional turmoil of a sensitive youth growing up with juvenile diabetes. Fear of the disease and an accompanying dread of peer rejection force Covelli into a state where he attempted to shut out the world. "The strongest image of my adolescence was closing the door of my own dark chamber, shutting out all the sounds and movements of life. It is ironic that the cure was so simple, something that lifted the tremendous weight of years: talking about it. The problem was that it was the last thing in the world I wanted to do. I tried, in fact, to avoid all human contact. I created my own hell for many years."

"Borrowing Time" also has a message for non-diabetic readers: a heightened sense of living. People like Pat Covelli who have accepted the limitations of their disease demonstrate an extraordinary drive for living life to its fullest. For them, good health is not a gift taken for granted.



The Candle Still Glows

Continuing in the tradition of Florence Nightingale, the founder of modern nursing, 63 first-year nursing students were formally initiated into the nursing profession during the School of Nursing's (SON) annual candlelighting ceremony.

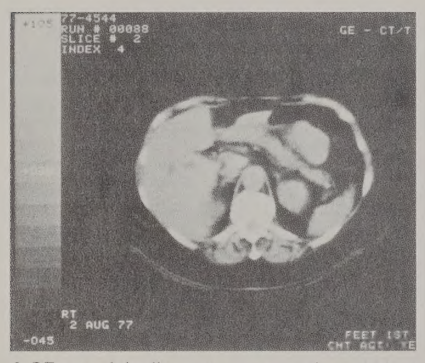
The ceremony, held on October 24 in Howland Auditorium, is designed to enhance the students' identity with nursing while emphasizing the SON's program of combining sincere purpose of service with scientific skill in order to provide optimum care to patients. Wearing their uniforms for the first time, the students each carried candles in holders believed to be replicas of the lamp carried by Florence Nightingale during the Crimean War. The candles symbolize the nursing profession's past, the flame its continuing vitality.

CT scanner *(continued from page 1)*

ray beams are emitted from the arc to image the desired areas at a specific speed and depth. The x-ray dosage is minimal and the painless, non-invasive procedure generally takes between 20 to 60 minutes.

In an adjoining room, a computer collects and measures the x-ray beams. Within seconds, the cross-sectional image appears on the monitoring screen. Each image is coded and graphed for use in planning treatment.

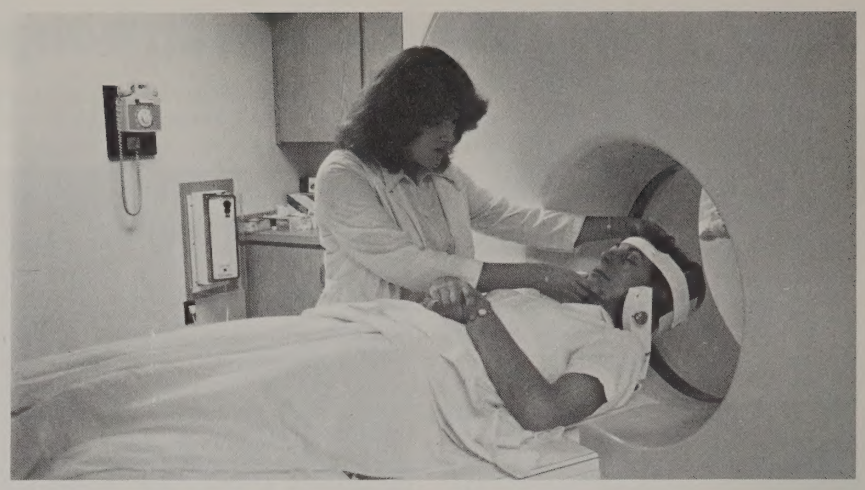
The CT scanner does not replace all diagnostic exams, and requests for scans are carefully reviewed to make sure the same information cannot be obtained by simpler or less expensive tests. But the CT scanner can save patients from undergoing more painful and risky diagnostic techniques such as pneumoecephalography (injection of air into the brain) or arteriogram (injection of dye into an artery to outline blood vessels).



A CT san of the liver, pancreas, spleen, kidney and aorta.

In other cases, the immediate benefit of doing a CT scan is more apparent. Cancer of the pancreas, for example, is difficult to diagnose without surgery. "If a patient were experiencing weight loss and back pain, the doctor may suspect a pancreatic tumor," said Dr. Costello, "Evaluation may include a GI series, barium enema, kidney x-ray and, maybe, endoscopy, a nuclear liver/spleen scan and an ultrasound. After several days of hospitalization the problem may still not be resolved. In comparison, a CT scan would tell you immediately if a tumor was present. A biopsy could be done instantaneously on an outpatient basis and the patient could leave with a diagnosis.

"Future improvements will allow us to take multiple sequenctial scans without delay between sections," said Dr. Costello, "This will enable us to perform dynamic vascular scans, screen patients for suspected aneurysms and, if a coronary by-pass patient is experiencing angina after surgery, we can determine if the grafts are still functioning properly by taking a scan."



Technician Karen Cummings prepares a patient for a CT scan.

Deaconess News in Brief

Dr. Merle Legg, department of pathology chairman, had the honor of serving as prelector at the 46th Annual Fall Anatomic Pathology Slide Seminar on October 31 in St. Louis, Missouri. The seminar, which this year was devoted to pulmonary pathology, is sponsored by the American Society of Clinical Pathologists. The event is one of the largest continuing medical educational activities of the society, attracting more than 1700 participants each year. Two eminent pathologists are invited to prepare cases and slide sets for presentation at the annual seminar.

The Boston stay of **Professor Rolf Luft,** Sixth Joslin Visiting Physician, culminated in a dinner at the Harvard Club on October 16.

Dr. Luft's address, "The Nobel Prize and Nobel Laureates," was followed by questions from a "reflecting panel" which included **Dr. Gerald Batist,** chief resident in Deaconess Department of Medicine. Dr. Luft is from the department of endocrinology and metabolism at the Karolinska Institute in Stockholm, Sweden. He is an internationally known diabetologist, who has been chairman of the Nobel Prize Committee in Medicine and for 15 years has served two terms as president of the International Diabetes Foundation.

Among the guests were **Dr. James L. Tullis,** Deaconess department of medicine chairman, as well as a number of the NEDH medical residents. Also in attendance was **Dr. Baruj Benacerraf,** chairman of Harvard Medical School's Department of Pathology and president of the Sidney Farber Cancer Institute, who recently received the Nobel Prize in Physiology of Medicine.

Dr. Samuel Hellman, director of the Joint Center for Radiation Therapy, and **Dr. Herbert Gramm,** diagnostic radiology, were inducted into the Fellowship of the American College of Radiologists in September.

Dr. Lloyd D. Flint, Deaconess and Lahey urology department, recently lectured on pheochromocytoma at the 6th Annual Southeastern Conference on Hypertension in Raleigh, North Carolina.

Richard Delaporta has been appointed senior staff assistant to Mr. Lee. In this position, he will be responsible for developing a plan to improve productivity at the Deaconess. Mr. Delaporta previously supervised the Massachusetts Hospital Asssociation Management Engineering Program at the Deaconess for ten years. He was director of the Boston region of this program, supervising its implementation at many Boston hospitals. In addition to his new responsibilities, Mr. Delaporta will continue to coordinate the MHA program at the Deaconess.

Phyllis Wasserman, assistant director of NEDH volunteer services, spoke about the participation of former psychiatric patients in hospital volunteer programs during a meeting of the Massachusetts Association of Directors of Volunteer Services held at New England Sinai Hospital on November 5. Mrs. Wasserman also discussed volunteer services at a meeting of the Newton Mens' Club on November 20.

A memorial service for **Gladys Foster,** who graduated from the School of Nursing in 1930, will be held at 2:30 p.m. on Thursday, December 4, in the Arthur Dooley Chapel at NEDH. Miss Foster died on November 3 at the Deaconess after an extended illness.

New England Deaconess Hospital **pulse**

The New England Deaconess Hospital is a 489-bed and 14-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the general medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

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CT scanner begins operation at NEDH (see page 1).

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